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## MORBUS LARYNGEUS CONCIONATORUM, OR LARYNGEAL AFFECTION OF PUBLIC SPEAKERS.

(*Synonyms* :—" MINISTER'S AIL," " MINISTER'S SORE THROAT," " CHRONIC LARYNGITIS," " BRONCHITIS.")

[Communicated for the Boston Medical and Surgical Journal.]

THE fearful rapidity with which this disease has spread during the last few years, and its unusual severity and malignancy, have become matters of common observation, and given to the subject a deep and painful interest. Many of our most valuable public speakers and teachers have become permanently disabled—others have sunk to premature graves, and many more are beginning to falter under its insidious approaches. Whether the disease has extended in its aggravated form beyond the limits of the United States, to the northern sections of which it has been hitherto mostly confined, we are not prepared to say, having received no foreign accounts upon which such a conjecture might be based; and it is perhaps fair to presume that with the laryngeal affection of public speakers, *as it exists among us*, they have yet but little acquaintance. Neither can we positively affirm that the disease has long existed in any portion of the world; since in no work with which we are familiar can we recognize the peculiar features of the affection under consideration. As, however, the same causes which operate now in its development, must in all ages have been more or less associated, we are compelled to admit the probability of its existence from the earliest times; but doubtless in such a mitigated form, and such diminished frequency, as scarcely to have claimed attention. Certain it is, that the "malady" known generally as "chronic laryngitis," faintly described by Galen, Aetius and Morgagni; and more accurately by the later writers, M. Cayol, Lagnelet, Double, Louis, Andral, Bouillaud, Tousseau, Bellog, Good and Morton, with others, though possessing many points of general resemblance, is not the disease we contemplate.

From "chronic trachitis" and "bronchitis" it is also sufficiently distinct, in its causes, seat and signs, yet with both is it almost constantly made synonymous; the profession, as well as the community, making no distinction between its occasional terminations and its original character. "Chronic trachitis" as a sequela of croup, colds, &c., and "chronic bronchitis" as a result of various exposures, a tubercular diathesis, &c., continue to present themselves in all countries, and especially in our

northern and inconstant climate; but that they are more frequent now than formerly, we have yet to learn.

Confident, therefore, that no treatise has given a clear and correct monograph of this disease, in which the writer has felt a more special interest from having himself recently suffered under an obstinate attack, we shall endeavor, as far as possible, to mark its features, and explain its causes, with its remedial and prophylactic treatment.

*Symptoms.*—That it is not as prevalent in the southern States, as with us at the north, we know from personal observation and the concurrent testimony of all who have made it their business to be informed. But upon this point there can be no better authority than the "Southern Medical and Surgical Journal," which says, "The minister's ail, as it is called, is of very limited extent in the South." Ministers, lawyers, legislators, teachers, and in short all who more or less constantly exercise the vocal organs, are the principal if not the *only* subjects; hence it rarely occurs in females or the young, occasionally in the aged, but more commonly in the middle aged or adult life. Its approach is generally gradual, the first indications being only a slight raucity with a frequent inclination to clear the larynx; or perhaps an increased volume and timber of voice, which instead of embarrassing, enables the speaker to enunciate with more ease and distinctness. When the disease is more advanced, the patient, after speaking but a short time, experiences in and about the larynx a certain indescribable languor, such as we feel in a muscle wearied with exercise, rendering it exceedingly fatiguing and difficult to articulate. We have seen a patient nearly faint from a single attempt to speak in an under tone, after he had remained mute several days. This muscular languor is often accompanied with a dull sensation of aching in the same region, which induces him instinctively and frequently to put his hand to his neck to loosen his collar or cravat. A slight soreness, with a perceptible tumefaction, sooner or later are discovered externally, especially if we press upon the cornua of the os hyoides or ale of the thyroid cartilage.

This state of things may continue several months or years, being liable to occasional exacerbations, in which the secretion of the tough, tenacious mucus is increased, and the voice becomes more hoarse and stridulous, or falls to a whisper, which either soon disappears or remains permanent; this latter symptom generally occurring the day after some unusual exercise of the larynx, or exposure to a very cold and chilling air. Changes of weather have a manifest effect, yet the hoarseness and hawking do not wholly disappear even during the warmest season; and in many cases it is but slightly, if at all, ameliorated. The symptoms are regularly aggravated morning and evening; and the sense of fatigue on attempting to speak is always greatest when the stomach is empty, and is relieved by a full meal or a glass of wine, or other stimulus. In no instance have we observed a cough in the incipient stage of this disease, and only occasionally in the subsequent course; and in these few cases it has been exceedingly trivial, and seemed rather a consequence of the incessant raking of the larynx, than an essential symptom of the affection. Deglutition is not at all affected, except as

the motion may increase the painful sensation. Examination of the fauces often discloses an elongated uvula, with a loose, injected state of the pharyngeal vessels and streaks of mucus; the tongue is also slightly coated. The functions of the stomach are in most of these cases more or less impaired; and the whole body suffers under a slight marasmus, accompanied with a general mauvaise and great mental depression.

*Prognosis.*—So far as we have been able to ascertain, and to this view we have taken unusual pains, a genuine idiopathic case, uncomplicated with other serious maladies, has seldom terminated fatally. In a few instances this result has followed suddenly; the disease assuming a more acute form, and rapidly extending into the bronchial passages: or continuing of a more passive character, the patient dies after many months or years of bronchial, or more rarely tubercular, phthisis. *Ceteris paribus*, the more sudden and violent the initiatory symptoms, the shorter its duration; while those cases which are preceded by long-continued catarrh, either of the mucous linings of the nasal, pharyngeal or tracheal passages, are more protracted and difficult to manage, and the prognosis becomes more alarming.

*Etiology.*—To this branch of our subject it is, that the attention of physicians and philanthropists has been chiefly directed, rightly judging that unless its causes were fully comprehended, all attempts at a rational exposition of its treatment, curation and prevention, must be mere speculation and conjecture. No little talent and ingenuity have been manifested by the several writers who have offered to explain the greater frequency of this disease now than formerly; and it is curious to observe the many discordant views which they hold, and with equal tenacity maintain. While, therefore, we acknowledge that with many of their opinions we cordially agree, we as freely confess that from others we wholly dissent, and shall claim it our privilege freely to canvass and censure their doctrines.

The *predisposing* causes are, first, *general debility*; whether the result of disease, diet, fatigue, or constitutional laxity of fibre. That it may not arise in a system otherwise circumstanced, where other causes have operated, we do not assume to say; but that this cause is most liable to produce it, we are prepared to show.

Clergymen are, of all classes of men, most studious, and their duties of all others most constantly exciting and mentally laborious; producing, where the spiritual devotion is intense, an incessant mental action of the most exalted tone, and which few constitutions are able long to endure. They seldom permit their minds to become relaxed by changing the current of their reflections, which is ever found so beneficial and necessary to the restoration and support of the physical powers: whether in the pulpit, the closet, or the social assemblage, their thoughts still dwell upon the one, most exciting topic, the religion which they teach. We are not here discussing, let it be understood, the question of moral duty, or policy, and must be allowed to state facts as they exist. How much this spiritual enthusiasm has increased within a few years, especially in the northern States, and among certain denominations, my readers shall themselves decide.

Again they, as a class, take very little active, healthful, out-door exercise, but are either confined in their over-heated studies, or engaged in preaching or exhorting in crowded, warm, and often ill-ventilated rooms, breathing thus constantly an atmosphere the most contaminating and enfeebling. Very few, at the present day, spend much, if any, portion of their hours at the hoe or the plough handle, in tilling the soil or garnering in the ripened harvest. Such was not the wont of our hardy forefathers, whose slender stipends, from poor and feeble congregations, obliged them to occupy the intervals between the sabbaths, and their other parochial duties, in the most laborious rustic employments. The diminished proportion of clergymen and their enlarged salaries; the greater numerical size of the churches, and the increased number of religious societies which assemble weekly or monthly, now demand of the ministers their constant time and attention; and however much disposed, they find it impossible to allow themselves that leisure for exercise and relaxation, which a just regard to their health would require. Clergymen also have of late been first to adopt, and from honest scruples been foremost to sustain, the ultra dietetic system of Graham and Mussey; a system which, we are prompt to say, whatever harm we may thereby incur, is false in principle, untenable in practice, and fraught with the most pernicious consequences; which, if it should gain general acceptance, might indeed render us "light and supple" as disembodied spirits unclogged with gross mortality; and mankind would degenerate hastily into a state of corporeal and mental imbecility bordering upon cretinism. To enter into the proper argument to sustain our position thus publicly assumed, would be a digression from the proposed objects of this article, and not consistent with our present intentions.

Yet peculiarly prone as ministers are to dietetic ultraism, if they retain a long cherished and favorite habit, like other students, they indulge it to excess. Such is notably the case with that most filthy, vicious and destructive of all practices, smoking and chewing; the direct and uniform tendency of which is, to derange the stomach, deprave the secretions, exhaust the system and enervate the mind: and he who contends otherwise, insults sound reason and common sense—an assertion in which we shall be sustained by the united observation of the reflecting and sober, and which no isolated cases of devoted, yet unscathed followers of the stupid god, can disprove.

These are some of the circumstances which have rendered the clerical profession more subject to disease than other professions; most of which are operating now with greater force than formerly, and among our clergy more than others, and all of which have a tendency to the production of that condition of disease and muscular debility which is acknowledged to be so prevalent among them and to *predispose* to the affection under consideration. How this debility works such results, shall now be explained. The muscles of the larynx are weakened and relaxed in the same direct ratio as other parts of the system, and being required to perform the same or even more labor than when in full vigor, they soon tire and fail under the disproportionate requisition. Hence that symptom, so peculiarly diagnostic of the "laryngeal affection of public

speakers," a weariness in these parts, resembling precisely the feeling of fatigue and restlessness which is experienced in a muscle of the leg or arm when it has been over-exerted, and which is always dissipated by rest or stimulus.

The principal *local* predisposing cause is the cravat or neck-handkerchief. Most of our clergymen wear high stocks, or cloth neck-handkerchiefs tied tight and thickly folded. The former being hard and unyielding, irritates and embarrasses the larynx in its necessary motions while speaking, and being open above often admits a chilling current of air when the neck is perspiring; the latter swathes the neck, and keeps it constantly, during warm weather, heated and moist as if immersed in a vapor bath, and in consequence the muscular fibre of the larynx and trachea becomes lax and enfeebled. We declaim incessantly, in public and in private, against the tyranny of fashion over the female sex, and denounce the corset, employed to diminish their waists, as an instrument of torture and death. Meanwhile our own necks are bundled with a quadruple amount of sour linen, solely to conciliate fashion and to fill out a deficiency in the contour of our figure, which we fancy disproportionate and unseemly. A cravat we do not consider an essential part of the male attire, but a supplemental appendage which is better dispensed with than worn. Until 1660, when they were first introduced into France by a regiment of Croats, the neck was left uncovered by all nations, and "it is still discarded by people of different climates—the Orientals, Poles, Kalmucks, and various Tartar tribes." But in America, even unfledged boys, soon as they strut upon the stage of life, are seen tightly collared and cravated; and by the constant pressure upon the *pomum Adami* its full development is prevented, and the voice, instead of acquiring that manly strength and volume which is produced in a capacious larynx, ever retains a weakness and effeminacy which Nature designed to characterize only the feebler sex. Cravats, also, of whatever material and however applied, impede the free return of blood through the external jugulars, the least obstruction of which is sufficient to produce a sensible cerebral congestion: hence arise vertigo, tinnitus aurium, mental confusion and mental imbecility. Witness the confirmed sop, whose neck, daily ligated as with a hangman's noose, is stretched wide from his shoulders, his eyes projecting from their sockets, his brain soaked and saturated like a wet sponge, and quite as senseless, and constantly harassed with pain, vertigo, stupor, &c. We have long believed that most of our public speakers who have fallen suddenly in the halls of Congress or elsewhere, while declaiming vehemently, have died martyrs to the same practice; the pressure upon the turgid vessels producing a fatal apoplexy. Even a closely buttoned collar of *chemise* may produce the same compression. We shall be pardoned for this digression, since, by the importance of the subject, it seemed to be demanded.

Chronic catarrh should also be enumerated as a *local* predisposing cause, particularly of that part of the disease which is seated in the mucous membrane.

The exciting causes are, first, vicissitudes of weather: sudden

changes from warm to cold, especially to cold and damp—passing from close and heated rooms into the cold air—cold currents—"sitting down, while yet heated, against cold walls"—suddenly loosening and throwing off the stock or cravat—in short, all those various causes which ordinarily produce colds and coughs. Second, in a few cases, the sudden abstinence from an accustomed stimulus, even *tobacco* and wine; a fact too well authenticated to admit of question, and which is not at all inconsistent with the previous assertion that the habitual use of tobacco is a *predisposing* cause of the same malady. Third, long continued, frequently repeated, and loud speaking. It cannot be denied that our ministers, of nearly all denominations, preach more now than formerly. Until the last quarter of a century, the man who addressed a public audience seven times a week, was noted and distinguished as possessed of uncommon zeal and powers. Now a man will speak three hours a day during half the year, and he who talks but one is an idler, and comes not up to the level of the common herd. In exact ratio, also, to the increase of their sermons, has been the increase of their oratorical vehemence; and we have often considered it a physiological wonder, that in the heat and violence of their declamation, when their voices are strained for half an hour to the utmost tension, the vocal cords are not ruptured, or a bloodvessel does not suddenly give way.

To these may be added, as almost peculiar to clerical oratory, the practice of speaking in monotones. So common is this habit, both in and out of the pulpit, that we seldom fail to recognize the clergymen of certain schools by the "ministerial tone;" which tone has the same unchanging, solemn monotony, however varied the subject of conversation or discourse. From whatever cause the practice is assumed, it has always seemed to us in exceeding bad taste; but aside from this, to speak without cadence, is vastly more fatiguing to the vocal organs, since it keeps in exercise but one set of fibres—precisely as it is found more fatiguing to man or animal to travel far upon a level plain, than the same distance upon a road occasionally broken by hill and vale.

Lawyers, also, and legislators, talk more now than formerly, and instructions are given more by public lectures than at any previous period of the world. All seem to have been seized, lately, with a *cacoëthes loquendi*. A barrister can hardly do justice to his client without an argument of four hours; and a legislator cannot relieve his mind, or satisfy the just expectations of his constituents, with a speech of less than six or eight hours. The whole people are becoming teachers or preachers. We have lectures upon phrenology, animal magnetism, Grahamism, Thomsonism, temperance, abolition, colonization, storms and weather, tight lacing, boxing, fencing, &c. &c.—on all the doctrines of religion and morality, and all the claims of humanity—lectures upon law, medicine and the arts, at our colleges and associations—with speeches innumerable and interminable at political caucuses and conventions; the whole uttered with such a vast expenditure of wind, as, if gathered by old Boreas into his hollow caverns, and given sudden vent, would hurl this world like a comet through the universe. We are not surprised, therefore, at the rapid increase of laryngeal affections; our

only wonder is, that these delicate organs, or anything else but chiselled iron, could endure so long.

*Pathology.*—Having never made, or seen reported, any autopsic inspections upon which the pathology of this disease might be based, we are compelled to rest upon its ordinary signs; which, fortunately, are sufficiently marked and unique to clearly determine its exact locality and the morbid condition of the parts. Its pathology is, then, briefly, *an unusual relaxation of the muscles of the larynx, accompanied with a passive inflammation of the lining membrane; which inflammation extends often into all the adjacent textures—cellular, muscular, &c.*

*Diagnosis.*—The diseases with which it is liable to be confounded, are, first, “chronic laryngitis;” from which it may be distinguished by the following unequivocal signs. Chronic laryngitis occurs in all classes of people—is generally distinctly traceable to a violent cold, or the inhalation of irritating particles, such as mill-stone dust, &c., or to a tubercular taint—is accompanied with a hacking cough—with no considerable tenderness or external swelling—and generally passes into ulceration before death, in which it is exceedingly liable to terminate. *Morbus laryngeus concionatorum* attacks only public speakers, or those who use too much the vocal organs—has no special connection with a tubercular diathesis—is not attended with a cough—tumefaction and soreness are early perceptible—is accompanied with a peculiar sense of fatigue in the laryngeal muscles—seldom ulcerates—is exceedingly chronic, and rarely terminates fatally. From “chronic trachitis” and “chronic bronchitis,” by its locality alone it is sufficiently distinguished. The causes, signs and terminations are also widely different.

From “paralytic aphonia,” the consequence of pressure upon some portion of the cerebro-spinal axis, or the special nerves of these organs—or of the immoderate use of narcotics, such as tobacco, opium, &c., it is at all times readily distinguished. And from impairment of voice supervening upon ossification of the cartilages, it may be known by the peculiar hollow, husky sound which attends this latter, and by the negative signs of absence of all the other marks. The aphonia, however, which comes on merely as a result of old age and muscular infirmity, is nearly or identically the same with the laryngeal affection of public speakers, in a milder form; but little use of the organs in their enfeebled condition being requisite to produce the disease. The muscular debility is, however, here the principal pathologic circumstance; hence the voice is broken and tremulous, or dissonant and untrue to itself.

*Treatment.*—Having already extended this article beyond the reasonable limits of a “Journal” essay, we shall be obliged to occupy less time in the discussion of the treatment than we originally intended; and shall also leave the many cases which we have accumulated, confirmative of our several positions, for another occasion. In the meanwhile we should deem it a favor to ourselves and the cause of humanity, to receive communications from those who have themselves suffered from the disease, with a particular history of its apparent causes, symptoms, progress, &c.

*Prophylactic Treatment.*—First, all means calculated to restore

health and vigor to the general system; such as a wholesome, generous diet—regular and free out-door exercise—cold bathing—frictions, &c. Second, exposure of the neck to the air and sun, until it becomes *tanned* and *toughened*, and feels as little the vicissitudes of weather as the brawny skin of a naked Hottentot. This cannot be accomplished suddenly, nor at all seasons with equal safety. The spring and summer months should be chosen, to begin the unfolding process, and it should then be persisted in until not a vestige of the vile garment remains. Third, less abuse of the vocal organs. How much the usual tone of public oratory may be depressed, and the auditors equally edified, or how much speeches may be abridged without sensible abatement of the real amount of sense, are questions which we shall not attempt to decide. If men will transcend all the bounds of reason, and ply their lungs like Vulcan's bellows, with them rests the consequence—to their throats and their consciences let them be accountable. Of the efficacy of any particular kinds of drink, which some have recommended while speaking, such as "lemon water," "vinegar and water," "sweetened water," "cold water," &c., we know nothing; nor indeed are we inclined to regard them as of any account, either as causes or prophylactics.

*Remedial Treatment.*—As an external remedy we know of nothing so generally and decidedly useful as the cold water dash upon the neck and breast; to receive full benefit from which, it should be practised regularly morning and night, for a long time, the skin being always thoroughly wiped and dried after the *douche*. It strengthens the enfeebled muscles, and secures the patient from liability to colds. Counter-irritants have sometimes proved eminently serviceable, especially frictions with creton oil; a drop of which, diluted, is to be applied twice a day until it raises a crop of fine pustules—which are to be encouraged by an occasional renewal of the application. The alcoholic tincture of cayenne pepper has been found equally efficacious, producing, after a few applications, a slight glow and efflorescence. The pustules produced by tartarized antimony are too deep and painful, and seldom do good, often rather increasing the sense of fatigue and restlessness. The same is true of setons, issues, caustics, &c. Blisters rarely afford relief. Poultices, fomentations, &c., by increasing the relaxation and favoring the determination of blood to the parts, never fail to aggravate the symptoms. The fauces and pharynx should be washed daily with a strong solution of nitras argenti, and if the tonsil continues prolapsed, it should be truncated.

As an *internal* remedy, we prefer the stimulating expectorants. To this class belong the tincture of blood root, alone or in union with other expectorants and demulcents; tar water, in free draughts several times a day, in the proportion of a teaspoonful of tar to a tumbler of water. Nitric acid has also done much, in cases preceded by catarrh, and accompanied with great relaxation, in restoring the vigor of the system and diminishing the excessive mucous secretion. It is to be exhibited largely diluted with water, in doses of from half a drachm to one drachm a day. The Rev. J. Covert's mixture, also, now used so extensively for this affection, by clergymen, belongs to the same class of stimulating

expectorants, being one of those lucky combinations of medicinal agents which, while it promotes expectoration, does not impair the *tone* of the stomach. Of this medicine we feel at liberty to speak, since its composition is not held from the *profession*, and we hope the proprietors will soon see fit to give it to the public. We therefore venture to recommend it, having employed it in our own case, and in the cases of many others, with decided benefit. Emetics and cathartics, where the disease has assumed a more acute form, and the inflammation of the mucous membrane is the predominant feature, are admissible, but cannot be relied upon to effect a perfect cure. The *diet*, also, in this form, should be light and farinaceous, but in the chronic and most prevalent form or stage, a more generous animal diet is required; the regimen being chiefly such as is calculated to give vigor to the stomach and general system. Tobacco and narcotics, in any form, are therefore pernicious, and cannot with propriety be recommended, even though they may afford temporary relief by changing the secretion and allaying the pain and fatigue. The stimulants, also, such as brandy, cider, wine, &c., are generally better dispensed with than used, since they are heating and inflammatory, and impart only a temporary, diffusible strength, wholly unlike the healthy tone derived from a warm, nutritious, wholesome diet.

F. H. HAMILTON.

Rochester, N. Y., Aug. 10th, 1840.

#### RESPIRATORY APPARATUS—MR. BRONSON, &c.

[Communicated for the Boston Medical and Surgical Journal.]

In the Journal of July 29th, is an article respecting Prof. Bronson and the system of elocution taught by him. The writer seems determined to convince others, whether he convinces himself or not, that Prof. B. is a "quack." There are some things in this communication that are very worthy of attention. The writer endeavors to show that Prof. B. has made no discovery respecting the anatomy and physiology of the parts concerned in respiration. He says, "What does he (Prof. B.) mean when he says in his chart, 'use the abdominal, intercostal muscles and the diaphragm for expelling air, and not the lungs'?" and the writer goes on to say, "did any one ever dream of employing other agents in expiration?" Now I, for one, wish this sage writer to answer himself. This he does presently in a manner very satisfactory to me. He says, "Why is it that so many have borne testimony to the beneficial effects of his teachings, &c., when practised, in strengthening and improving the voice? We will allow that it is thus; and answer, 1st, there are many, indeed the great majority, who are entirely unconscious by what muscles they breathe or speak." Mark, he has just said, "did any one ever dream of employing other agents in expiration," than the abdominal, intercostal muscles and diaphragm? Now as he says that many, and indeed the great majority, are *entirely unconscious by what muscles they breathe or speak*, I do not see why they may not think they use some other muscles besides the right ones. If a man had no

knowledge in what State the city of Boston was situated, would he not be as likely to think it was in N. H. as Mass.?

"E." intimates that unfavorable opinions have been *universally* entertained respecting Prof. Bronson's teachings, yet for some reason they have not been made public. At the bottom of the same page he says he will "allow that *many* have borne testimony to the beneficial effects of his teachings." Verily this communication resembles a rope of sand as much as anything I have seen for a long time. A little farther on he says, "There are some who do not make constant use, in speaking or breathing, of all the respiratory muscles; those who have fallen into habitual false positions, as bending forward the body, &c. To such, the advice which has been given for very many years by our physicians is (and certainly Prof. B. can do no more), shake off the evil habit, use *all* the muscles of respiration, and fully inflate the lungs." Now, though many physicians may have given this advice to their patients, *all* have not. But if physicians *always* have given this advice, is it any reason why Prof. B. should cease to give it? Must he beware of making the crooked straight, because he is not a physician? This writer says that "many, indeed the great majority, are entirely unconscious by what muscles they breathe or speak." But if any one of this "great majority" was to *discover* by what muscles he breathes or speaks, would he not make a *discovery*? If Prof. B. was one of this "many" who do not know by what muscles they speak, and *discovered*, did he not make a *discovery*? And may he not *teach* what he has discovered, to the "great majority," even though physicians do the same? "We found one casting out devils, and we forbade him because he walked not with us." Is this liberal? Is this worthy of the profession? Are "the public the victims of his new mode," when he teaches, according to this writer, the same principles "taught by the physiologist generations ago"—and gives the same "advice which has been given by physicians for very many years"? Certainly if Prof. B. and "the great majority" have been ignorant of these principles, they are now *new* to them. Hence the quotation from Lessing is misplaced. That they are *new* to "the great majority," I have proved out of "E.'s" own mouth. They *must* be *good*, because physiologists have taught them, and physicians also.

The sneer at Prof. B. for being a Swedenborgian, or New Churchman, is unworthy of notice. What had Sir Isaac Newton's religious sentiments to do with his theory of light and colors? Prof. B. might be a Mahommedan, and it would have nothing to do with the muscles employed in speaking or respiration. This writer says, the universal opinion is that Prof. Bronson "swims on bladders far beyond his depth." This is mere assertion. It needs proof. As Dr. Johnson says, "we doubt it most essentially"—so essentially, indeed, that *we know better*, as far as Boston people are concerned.

The writer goes on to criticize Prof. B.'s style of lecturing in a manner which shows his entire ignorance of true oratory. If the writer has given the "common opinion" of Prof. B. in New Haven, we can assure him it is not the common opinion in Boston, New York or Salem.

We know what we say, and we must consider the communication of "E." for the Journal as an ebullition of spite, or spleen, or both. We know numbers who have been greatly benefited, and some who have evidently been saved from a premature grave, by attention to the principles taught by Prof. B., and to a practice in accordance with them. As to his assurance and self-esteem, we think he is as free from an excess of these as any man we ever met. Even-handed justice is all we ask. We feel that we have the same right to our opinions, and the free expression of them, that "E." has. Knowledge that will benefit mankind should not be shut up with any profession, and those of the medical profession who have any knowledge to spare, are ever ready to impart it.

A. B.

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## BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, AUGUST 26, 1840.

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### THE LIBRARY OF PRACTICAL MEDICINE.

ACKNOWLEDGEMENT was made, some weeks since, of the reception of the first volume of this work, edited by Alexander Tweedie, M.D., and republished by Messrs. Lea and Blanchard, Philadelphia; but a multitude of prior claims has prevented a further notice of it till the present time.

It does not always follow that a new book opens new avenues to knowledge. In medicine, more than almost any other science, fancies and theories have had more influence than they are entitled to—and there will never, in all human probability, be a period when it will be otherwise. Still, this fact should never deter any one from contributing his mite, the results of observation and experience, since it is only in this way that the practice of physic can possibly be improved.

Within the compass of 561 octavo pages, which this volume contains, there are 15 learned dissertations, written by men who hold an elevated rank in the commonwealth of medicine. The first is entitled *Rudiments of General Pathology*, which embraces general observations on the nature of disease; the principles of association of morbid phenomena; symptoms and signs, &c. &c., by Dr. Symonds. The next is a ponderous article on that endless subject, *Inflammation*, about which there is a diversity of opinions and an ocean of theories. Dr. Alison, the author of this paper, commences with a general view of the phenomena of inflammation; the present state of our knowledge of its essential nature, causes, outline of treatment, &c. Next, in order, is an elaborate essay on the *General Doctrines of Fevers*, by Dr. Christison, which embraces all that others have thought, said or written upon this class of diseases, to which is superadded the author's own views. Dr. Shapter follows, at the 253d page, with the *Plague*—its symptoms, varieties, sequela, prophylactic measures, and, lastly, the treatment. The subjects of *Intermittent and Remittent*, together with *Yellow Fever*, are also discoursed upon as long as it could be profitable to treat of either, by the same gentleman. Dr. Locock has taken up *Infantile Gastric Remittent Fever*—one of the best of the series; and *Hectic Fever*, also handled in a most satisfactory manner, is by Dr.

Christison. *Smallpox*, by Dr. Gregory; *Measles and Scarlatina*, by Dr. Barrows; *Puerperal Fevers*, by Dr. Locock; and *Diseases of the Skin*, from the pen of Dr. Schedel, close the volume.

Thus it will be perceived that Dr. Tweedie has brought together, in this volume, over a dozen excellent dissertations, and added a title page to cover the whole—passing off very comfortably, and very justly, too, as editor of a collection of admirable medical productions, with which no one can find fault, unless it is with the prolixity of some of them. On the whole, we regard it as a convenient plan of binding up a number of pamphlets, to make a respectable-sized tome—and that constitutes, thus far, all the merit of Dr. Tweedie in the publication of this work. The work is to be continued; future volumes will treat of the different departments of medicine, and each volume will be sold separately. We should be rejoiced to know that it sells well—for this volume, if read as it deserves to be, will both refine and enlighten all who love the details of our profession.

*Homoopathic Examiner.*—In the fourth No. of this periodical, dated in June, which should have been here 30 days sooner, at least, the editor expresses a most cordial fellowship for the Western Journal of Medicine, over and above another, which happens to be an old acquaintance. All this is very proper—and we heartily agree with him in the opinion that the former is a meritorious periodical. But we also suspect that he fancies our Journal less inclined to favor the doctrines of Hahnemann, than would be desirable by the new school of practitioners. It so happens, that instead of becoming a champion of a party, we like to hear all sides, and therefore admit all reasonable, rational things into our pages, commenting here and there, according to the circumstances of the case and our own individual conceptions of what is right and just. If a millionth part of a grain of silex is a better medicine for removing disease than 20 grains of jalap, why the fact needs only to be firmly established, to enlist our hearty coöperation in apprising the profession of the discovery.

*Excessive Thirst.*—A passenger on board the steamer General Lincoln, last week, by the name of James Webb, who resides at Fairhaven, spoke very freely upon the subject of his excessive thirst—which has in no way diminished since his earliest recollection. He mentioned, incidentally, that he was 46 years of age, and from childhood to the present day he has swallowed at the average rate of six gallons of water every 24 hours! Capt. Beals, the commander of the boat, besides several other persons on board who had formerly known him as a resident of Hingham, very distinctly recollected the talk that his enormous consumption of cold water used to make in the neighborhood; and they all, moreover, agreed in saying that Mr. Webb was a man of strict veracity. This anti-hydrophobist is a short, rather muscular man, with a yellowish skin, has uniformly enjoyed excellent health, and believes that he always shall, so long as he can obtain water. A physician, now retired from practice, who was also a passenger, remembered how marvellous this case was considered, in his early professional life. On being questioned particularly with regard to some physiological points, the subject of these remarks said that he rarely perspired, but it seemed to him that all the water he drank passed off rapidly by the bladder. He invariably has

several gallons of water by the side of his bed to quench this raging thirst through the night—and if, by any means, the usual supply were withheld, it would be impossible for him to sleep. By abstaining from copious draughts beyond the accustomed period, the tongue becomes dry and shrivelled, the mouth parched, and words cannot be articulated. There is also a sensation of extreme heat in the stomach and head.—Will some of our learned correspondents explain to us the probable necessity for such an immense volume of water in this man's stomach?

*Practice of Medicine in Louisiana.*—On the 16th of March, 1816, an act of the Legislature was passed regulating the practice of medicine and surgery, and prescribing the qualifications of apothecaries, which was considered sufficiently guarded to keep irregular, irresponsible persons from administering medicine. It was provided that apothecaries should be examined in the presence of two aldermen and the mayor, in the county of New Orleans. A subsequent act was passed on the 27th of March, 1840, relative to the medical board of the eastern district of the State. It requires that six physicians and two apothecaries shall constitute this board—and every individual intending to practise the profession of a physician, apothecary or midwife, shall deposit with them a diploma, obtained from a board of physicians or a legally constituted medical college—"or in lieu thereof, satisfactory evidence that he has been possessed of such a diploma, of which he has been deprived by some unavoidable cause." The 5th section of this law expressly declares that no person shall practise either of the above branches, without a special license—under a penalty of \$100 for the first offence, and not less than \$200 or more than \$500 for the second, recoverable by the medical board—and the fine shall be paid to the Treasurer of the City Hospital of New Orleans. Gentlemen from other States, intending to establish themselves in practice in New Orleans, will now understand under what circumstances they are permitted to exercise their calling. At present, the following distinguished practitioners constitute the medical board of that city, viz.:—Isidore Labatut, M.D., John Rice, M.D., Edward H. Barton, M.D., James Jones, M.D., Edward Fortier, M.D., and Pre. Adre. Lambert, M.D.

*Medical Institution of Yale College.*—Many interesting donations are acknowledged in the circular, just issued, from friends of the institution. Amongst other articles, about 150 casts, busts, and models of the brain, used by Mr. Combe to illustrate his phrenological lectures while in this country. The board of faculty remain precisely as last season—and long may they live to diffuse the light of medical science. The lecture term will commence, as stated in the advertisement, on Thursday, October 1st. It is quite needless to particularize the advantages to be derived from the regular attendance of a course of lectures at Yale College. The multitude of eminent practitioners who were educated there, professionally, and are now settled over the land, is the most satisfactory of all recommendations as to the character of the medical school of Connecticut.

*Analysis of the Buxton Springs.*—According to Mr. Garden, the solid contents of the Buxton water are as follows, in the imperial gallon:—Muriate of magnesia, .53 grs.; do. soda, 2.40 grs.; sulphate of lime, .60

carbonate of lime, 10.40; extractive matter and a minute quantity of vegetable fibres, .50; loss, .52. Total, 15.00. And its gaseous contents: Carbonic acid, 1.50 cubic inch; azote, 4.64. Total, 6.14.—*Lancet*.

*Descendants of Dr. Jenner.*—The following petition was presented to the House of Commons on Monday last, and ordered to lie on the table, and to be printed.—*Lancet*.

The humble petition of Henry Jenner, Doctor of Medicine, and the Rev. George Charles Jenner, Clerk, sheweth,

That your petitioners are nephews of the late Doctor Edward Jenner.—That they are of the respective ages of 73 and 71 years.—That they both very materially assisted Dr. Jenner in the investigation and the practice of vaccination.—That they expended nearly the whole of their property in promoting the object of Dr. Jenner's discovery.—That Dr. Jenner would have been a much richer man if he had kept vaccination secret, and not divulged the practice of it for the benefit of mankind.—That Dr. Jenner, by his will, left Dr. Henry Jenner only an annuity of 26 guineas, and the Rev. George Charles Jenner a legacy of 20 pounds.—That, under these circumstances, your petitioners humbly submit to the consideration of your honorable House their case, trusting that their services, and for the sake of the memory of a man who conferred the greatest benefit upon the human race that, under Divine Providence, was ever conferred upon it, will not be passed over. And your petitioners will ever pray.

HENRY JENNER,  
GEORGE CHARLES JENNER.

*Jalapine.*—Dr. Barnes, of Sydenham College, in his lectures on *materia medica*, makes the following observations relative to this substance:

"Jalapine, or the gum-resin of jalap, varies according to the quality of the drug; but, taking an average of the whole, it is in the proportion of about 15 per cent.; or, as a dose, one grain and a half of the jalapine to ten grains of the jalap. Like all resins, it is soluble in alcohol, æther, pure alkalies, strong acetic acid, &c."

*Medical Miscellany.*—In the remarks upon the strength of the Belgian giant, last week, instead of *two tons*, it should have been *two thousand pounds* which he is able to raise on his shoulders.—Sixteen candidates for the degree of M.D. were examined at the Medical College, in this city, on Monday, Aug. 17—and all passed most satisfactorily. The degrees will be conferred this day at Cambridge University.—Mrs. Mason, who is engaged for the Queen of England in the capacity of nurse, is to have an allowance of £300 sterling for the first month after the birth of the expected prince or princess, and £1 per day after the expiration of that period, besides two assistants!—Deaths in New York, week before last, 182—of which 107 were children under two years of age.—Dysentery is quite prevalent at this time in Boston and the vicinity.—Dr. Charles F. de Martins has been sent to England and France to exchange duplicate books, by the king of Bavaria.—At the last sitting of the Dumfries Synod, Scotland, it was stated that in the last five years, between 200 and 300 illegitimate children had been born within the limits of the Synod.—Mr. Espy, the storm lecturer, gains no laurels at Liverpool.—Smallpox was raging frightfully

at the last advices from Panama. Those from Europe and the U. States, who had been vaccinated, were in fine health and in no way affected.—The City Council of New Orleans, in a spirit of praiseworthy liberality, creditable to them, have conferred power on the Board of Health to pay out of the public treasury, any money which may be requisite for any exigency, in case of the re-appearance, the present season, of the old scourge of New Orleans—yellow fever.—A hospital has been finally located at Cleaveland, Ohio, to meet the wants of the multitude of sick boatmen on the river.—Charles Locock, Esq., has received the appointment of first physician accoucheur to the Queen of England; Robert Ferguson, Esq., second physician; and Richard Blagden, Esq., surgeon accoucheur. Neither of these gentlemen are known as being particularly eminent in the profession.—Sir Henry Hallford has stooped, of late, to prescribe for noblemen.—Mr. Amesbury, surgeon, of London, is the author of a new work on the causes, nature and treatment of deformities of the spine, chest, and limbs, muscular contractions, and stiff joints, with illustrative plates and cases.

**TO CORRESPONDENTS.**—The communications of Drs. A. Flint and N. H. Allen are received; also a translation from the French on vaccina, by Dr. Stahl, which we have not yet had time to examine, and which, if inserted, must be deferred till we have disposed of several long original articles now preparing for our pages.

**DIED.**—In Leominster, Mass., Dr. Silas Allen, 78.—In St. Joseph, Florida, Thomas H. Thompson, M.D., a native of Charlestown, Ms., 35.—In New Haven, Ct., Dr. Henry Tomlinson, 35.

Number of deaths in Boston for the week ending Aug. 22, 43.—Males, 19—females, 24.

Of consumption, 2—palsy, 1—teething, 2—bursting of bloodvessel, 1—cholera infantum, 5—drowned, 1—disease of the liver, 1—bowel complaint, 3—inflammation of the bowels, 1—brain fever, 1—dysentery, 2—apoplexy, 2—sudden, 1—smallpox, 1—infantile, 2—stoppage in the bowels, 1—fits, 1—old age, 1—cancer, 1—tumor, 1—scarlet fever, 1—casualty, 1.

#### JEFFERSON MEDICAL COLLEGE OF PHILADELPHIA.

THE regular Lectures will commence on the first Monday of November.

The following are the professors, in the order of their appointment:—

1. JACOB GREEN, M.D., Chemistry.
2. GRANVILLE S. PATTISON, M.D., Anatomy.
3. JOHN REVERE, M.D., Practice of Medicine.
4. ROSELY DUNGLISON, M.D., Institutes of Medicine and Materia Medica.
5. ROBERT M. HUSTON, M.D., Obstetrics and Diseases of Women and Children.
6. JOSEPH PARCOST, M.D., Surgery.

On and after the 1st of October the dissecting rooms will be kept open, and the Professor of Anatomy will give his personal attendance thereto. Lectures will likewise be delivered regularly during the month on various branches, and opportunities for clinical instruction will be afforded at the Philadelphia Hospital under the Professors of Institutes of Medicine and Surgery; and at the Dispensary of the College under the Professors of Physic and Surgery.

Philadelphia, July 15, 1846.

A. 26.—1N1

JOHN REVERE, M.D.,

Dean of the Faculty.

#### LEBANON SPRINGS.

THE subscribers have made arrangements for the treatment of patients suffering from chronic diseases, whereby they can avail themselves of the powerful auxiliary afforded by the use of the Lebanon Spring water, in the form of cold, warm, vapor and shower bath. The Lebanon water, in purity and temperature, has a strong resemblance to the famous Bristol and Buxton waters, and its remedial power is well attested.

August, 1846.

A. 26.—12t

JOSEPH BATES, Lebanon Springs.  
CHILDS & LEE, Pittsfield.

**BORROWED BOOKS.**—Persons having books belonging to Dr. Lewis, are requested to return them immediately.

A. 26.—3m

#### ABDOMINAL SUPPORTERS.

DR. HAYNES's instrument, which is recommended by the profession generally, may now be had at the Medical Journal office. Price, with perineal strap, only \$4—without, \$3. By addressing the publisher, No. 104 Washington street, physicians may be readily accommodated.

A 19

## UNIVERSITY OF PENNSYLVANIA.—MEDICAL DEPARTMENT.

The course of Lectures will commence on Monday, the 2d day of November, and be continued under the following arrangement:—

Practice and Theory of Medicine,	NATHANIEL CHAPMAN, M.D.
Chemistry,	ROBERT HARR, M.D.
Surgery,	WILLIAM GIBSON, M.D.
Anatomy,	WILLIAM E. HORNER, M.D.
Institutes of Medicine,	SAMUEL JACKSON, M.D.
Materia Medica and Pharmacy,	GEORGE B. WOOD, M.D.
Obstetrics and the Diseases of Women and Children,	HUGH L. HODGE, M.D.

Clinical Lectures on Medicine and Surgery are delivered regularly at the Philadelphia Hospital (Blockley), and at the Pennsylvania Hospital, from the beginning to the end of the session.  
263 Chestnut street, Philadelphia, July 15, 1940.

W. E. HORNER,

Dean of the Medical Faculty.

## GENEVA MEDICAL COLLEGE.

The Medical Lectures will commence on the first Tuesday of October, and continue sixteen weeks.

Institutes and Practice of Medicine, by	T. SPENCER, M.D., Geneva.
Obstetrics and Medical Jurisprudence, by	C. B. COVENTRY, M.D., Utica.
Anatomy and Physiology, by	JAMES WEDDSTER, M.D., Rochester.
Chemistry and Pharmacy, by	JAMES HADLEY, M.D., Fairfield.
Materia Medica and General Pathology, by	JOHN DEAMATER, M.D., Saratoga Springs.
Principles and Practice of Surgery, by	FRANK H. HAMILTON, M.D., Rochester.
Demonstrator	SUMNER BROADBENT, M.D., Geneva.

Geneva, July, 1940.

Jy 15—tOI

THOMAS SPENCER, Registrar.  
C. B. COVENTRY, Dean.

## ALBANY MEDICAL COLLEGE.

Lectures will commence on Tuesday, Nov. 3d, 1940, and continue sixteen weeks.

Surgery, by	ALDEN MARCH, M.D.
Theory and Practice of Medicine, by	JAMES MCNAUGHTON, M.D.
Materia Medica and Natural History, by	ERENEKER ENMONS, M.D.
Anatomy, by	JAMES H. ARMSTRY, M.D.
Chemistry and Pharmacy, by	LAWRENCE C. BECK, M.D.
Obstetrics, by	DAVID M. McLAUGHLIN, M.D.
Institutes of Medicine, by	THOMAS HUN, M.D.
Medical Jurisprudence, by	AMOS DEAN, Esq.

Jy 29—tN

ALDEN MARCH, President.  
J. H. ARMSTRY, Registrar.

## MEDICAL TUITION.

The subscribers offer the following advantages to medical students.

Students will be allowed free access at all hours to the United States Marine Hospital at Chelsea, and will be permitted to examine and make records of all the cases that occur there. On an average there are at least sixty patients at the institution. Dr. Stedman will make a daily morning visit, and Drs. Perry, Bowditch and Wiley will, in turn, visit one afternoon every week, from March 1st to October 31st, for the purpose of clinical observation with the students. Dr. Bowditch will deliver a course of lectures upon diseases of the chest, with especial reference to the physical signs.

In addition to the above, admission will be granted to the medical and surgical visits at the Massachusetts General Hospital; to the Infirmary for Diseases of the Lungs; and to the practice of one of the Dispensary districts. Abundant opportunities for dissections and operative surgery, and occasionally for the practice of midwifery.

Regular courses of instruction will be given as follows:—

Surgery, by	DR. STEDMAN.
Theory and Practice of Medicine and Chemistry, by	DR. PERRY.
Midwifery, Materia Medica, Diseases of the Chest, and Demonstrations on Morbid Anatomy, at the Hospital, by	DR. BOWDITCH.
Anatomy and Medical Jurisprudence, by	DR. WILEY.

Rooms for study, either at Boston or Chelsea, free of expense. For terms, apply to H. G. Wiley, M. S. PERRY, C. H. STEDMAN, J. I. BOWDITCH, H. G. WILEY.

## MEDICAL INSTRUCTION.

The subscribers have associated themselves for the purpose of receiving students of medicine.

Students will have access to a good Medical Library, a collection of anatomical preparations and plates, and will have abundant opportunities of seeing practice.

They will also be examined once a week on Theory and Practice of Medicine and Obstetrics, by Dr. WHEATON.

And on Anatomy, Surgery and Materia Medica, by Dr. RIVERS.

A comfortable office for study, with fire and lights, will be provided.

The fee will be \$75 per annum, payable semi-annually in advance.

LEVI WHEATON, M.D.  
H. W. RIVERS, M.D.

Providence, July 11, 1940.

A 5—54\*

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by B. CLAFF, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$2.50 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

*W. H. Wheaton*